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## \*BIBDATASHEET\*

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*None KMC*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None KMC*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	CANADA	DRAWING 2	CLAIMS 42	CLAIMS 2
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	Initials			

## ADDRESS

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## TITLE

TRANSCUTANEOUS MEDICAL DEVICE DRESSINGS AND METHOD OF USE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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